



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Art Unit: 1632

Steven W. Dow Jeffery Fairman Examiner: Not yet accorded

Serial No. 10/780,114

Filed: February 17, 2004

For: SYSTEMIC IMMUNE ACTIVATION METHOD USING NUCLEIC ACID-LIPID

COMPLEXES

CERTIFICATE OF MAILING BY EXPRESS MAIL

Mail Stop MISSING PARTS Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The undersigned hereby certifies that the following documents:

- 1. Notice to File Missing Parts;
- 2. Petition For Extension of Time Under 37 CFR 1.136(a);
- 3. Fee Transmittal and check in the amount of \$1223;
- 4. Executed Declaration for Utility Patent Application;
- 5. Return postcard; and
- 6. Certificate of Mailing by Express Mail

relating to the above application, were deposited as "Express Mail", Mailing Label No. EV322527300US, with the United States Postal Service, addressed to Mail Stop MISSING PARTS, Commissioner for Patents, P.O. Box 1450, Alexandria, YA 22313-1450.

Date

August 5, 2004

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AUG 0 5 2004 PU

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)1223

Complete if Known				
Application Number	10/780,114			
Filing Date	02/17/2004			
First Named Inventor	Steven W. Dow			
Examiner Name	Not yet accorded			
Group / Art Unit	1653			
Attorney Docket No.	JUV2879.54-3			

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)					
☐ Check ☐ ☐ Deposit A		noney order 🗌 other	none		TIONAL F	EES		
Deposit Account Number		50-1123		Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	
]				130	65	Surcharge – late filing fee or oath	65	
Deposit Account Name				130	25 130	Surcharge – late provisional filing fee or cover sheet Non-English specification		
The Director is authorized to: (check all that apply)			2,520	2,520	For filing a request for ex parte			
☐ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) or any underpayment of fee(s)			920*	920*	reexamination Requesting publication of SIR prior to			
Charge fee(s) indicated below, except for the filing fee to the above- identified deposit account			1,840*	1,840*	Examiner action Requesting publication of SRI after Examiner action			
				110	55	Extension for reply within first month		
FEE CALCULATION			420	210	Extension for reply within second month			
1. BASIC FI				950	475	Extension for reply within third month	475	
Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid	1,480	740	Extension for reply within fourth month		
(\$) 770	(\$) 385 Utilii	ty Filing Fee	205	2.010	1,005	Extension for sonly within 66th		
340		ign filing fee	385	330		Extension for reply within fifth month		
					165	Notice of Appeal		
530	265 Plan	nt filing fee		330	165	Filing a brief in support of an appeal		
770	385 Reis	ssue filing fee		290	145	Request for oral hearing		
160	80 Prov	visional filing fee		1,510	1,510	Petition to institute a public use proceeding		
				110	55	Petition to revive – unavoidable		
SUBTOTAL (1) (\$) 385			1,330	665	Petition to revive – unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			1,330	664	Utility issue fee (or reissue)			
	Extra (Fee from Claims below	Fee Paid	480	240	Design issue fee		
Total Claims		14 X 9	= 126	640	320	Plant issue fee		
Independent Claims	7 -3**=	4 X 43	= 172	130	130	Petitions to the Commissioner		
Multiple Dependent =		50	50	Processing fee under 37 CFR 1.17(q)				
**or number previously paid, if greater, For Reissues, see below		180	180	Submission of Info Disclosure Stmt				
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Des	cription	40	40	Recording each patent assignment per property (times number of properties)		
18	9 Claims in excess of 20		. 770	385	Filing a submission after final rejection (37 CFR § 1.129(a))			
86	43	43 Independent claims in excess of 3		770	385	For each additional invention to be examined (37 CFR §1.129(b))		
290	145 Multiple dependent claim, if not paid		770	385	Request for Continued Examination			
86	43 **Reissue independent claims over original patent		900	900	Request for expedited examination of a			
18	9 **Reissue claims in excess of 20 and over original patent			design application Other fee (specify)				
	SUBTOTAL	(\$) 298		*Reduced	by Basic Fli	ing Fee Paid SUBTOTAL (3)	(\$)540	
SURMITTED BY Complete (if applicable)								

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8-5-09

Sarah J. Smith

Name (Print/Type)

Signature